

## FIELD OF THE INVENTION

This invention relates to a method and an apparatus for extracorporeal oxygenation of a patient's blood during cardiopulmonary bypass surgery, and more particularly to an automatic air removal system.

## BACKGROUND OF THE INVENTION

During cardiopulmonary bypass surgery the patient's blood is pumped through an extracorporeal blood circuit conventionally comprising a venous drainage line, a venous reservoir, a blood pump, an oxygenator, and an arterial filter. Blood is drained from the patient through the venous drainage line into the venous reservoir. The blood pump draws blood from the reservoir and supplies the blood to the patient via the oxygenator and the arterial filter. The venous reservoir as well as the arterial filter removes air bubbles from the blood, which may otherwise pose a serious risk to the patient's life if returned to the patient in the arterial blood flow.

To avoid the venous reservoir an extracorporeal blood circuit may comprise, as described in US 6.524.267, an arterial filter especially adapted to comprise an air chamber, an purge port having an increased size for allowing a vacuum to actively purge air from the air chamber, a check valve being incorporated into the purge port to prevent air or blood from a cardiotomy reservoir from being drawn into the arterial filter by the negative pressure in the arterial filter, when the purging vacuum is not active, and an air sensor being connected to activate the purge vacuum when, and only when, air is present in the air chamber of the arterial filter.

Arterial filters are known in the art, for example from US 5.632.894, US 4.676.771, US 4.572.724, and US 4.411.783. However, conventional air filters cannot be used in the above

second extracorporeal blood circuit although it would be cost saving if conventional components can be used in setting up extracorporeal blood circuit.

### SUMMARY OF THE INVENTION

The present invention provides a method and an apparatus for extracorporeal oxygenation of a patient's blood during, for example, cardiopulmonary bypass surgery, without the necessity to provide a venous reservoir, improved in that conventional arterial filters may be used thereby avoiding the necessity to provide adapted components.

### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a schematic diagram of a first conventional apparatus for extracorporeal oxygenation of a patient's blood; FIG. 2 is a schematic diagram of a second conventional apparatus for extracorporeal oxygenation of a patient's blood; FIG. 3 is a schematic diagram of a third conventional apparatus for extracorporeal oxygenation of a patient's blood; FIG. 4 is a schematic diagram of a first apparatus for extracorporeal oxygenation of a patient's blood according to the invention; and FIG. 5 is a schematic diagram of a second apparatus for extracorporeal oxygenation of a patient's blood according to the invention.

### DESCRIPTION OF THE PREFERRED EMBODIMENTS

As schematically shown in FIG. 1, a conventional heart-lung equipment comprises pump means 1 for drawing the blood of a patient during cardiovascular surgery through a venous line 2 and supplying it to an oxygenator 3. The oxygenated blood is returned to the patient through an arterial line 4. Cardiotomy blood is collected by a suction device 5 and is delivered to a cardiotomy reservoir 6 by a suction pump 7 connected to the suction device 5.

In the above conventional extracorporeal blood circuit, venous blood from the venous line 2, as well as defoamed and filtered cardiectomy blood from the cardiectomy reservoir 6, is supplied to a venous reservoir 8 where air entrapped in the blood is separated by allowing the air to rise to the surface of the blood in the reservoir 8. The separated air is vented to atmosphere through an exhaust line 9.

The blood supplied by pump means 1 to the oxygenator 3 is supplied from the oxygenator 3 to an arterial filter 10 and further to the arterial line 4. The arterial filter 10 is basically a bubble trap for separating bubbles from the blood and discharging the air of the bubbles to atmosphere through an exhaust line 11.

To avoid the venous reservoir 8 in order to reduce the priming volume of the extracorporeal blood circuit, it has been proposed, as shown in FIG. 2, to provide a bubble trap filter 10 in the venous line 2 upstream of the pump means 1. The venous blood and the blood from the suction means 5 is supplied to the bubble trap filter 10. The air separated from the blood supplied to the bubble trap filter 10 is discharged to atmosphere via exhaust line 11. The blood is pumped from the bubble trap filter 10 to the oxygenator 3 and further to the patient via arterial line 4. The negative pressure generated by the pump means 1 assists to draw blood from the patient into the bubble trap filter 10.

Alternatively, as shown in FIG. 3, it has been proposed to supply the blood of the bubble trap filter 10 and of the cardiectomy reservoir 6 to pump means 1 for being pumped to the oxygenator 3 and to the patient via arterial line 4. Further, a modification of conventional bubble trap filters has been proposed to connect further pump means 12 to the bubble trap filter 10 to draw air from the bubble trap filter 10 via an adapted exhaust line 11. The same further pump means 12 are proposed to draw air also from the cardiectomy reservoir 6. To prevent air or blood from being drawn from the cardiectomy reservoir 6 into the bubble trap filter 10, a check valve 13

is provided in the modified bubble trap filter 10 to be arranged in the exhaust line 11 upstream of the further pump means 12. Further, an air sensor 14 is provided in the modified bubble trap filter 10 and is connected to activate said further pump means 12 when, and only when, air is present in the bubble trap filter 10.

According to the invention described herein, as shown in FIG. 4, the improved apparatus for extracorporeal oxygenation of a patient's blood during cardiopulmonary bypass surgery comprises a venous line 100 for receiving venous blood from a patient and a bubble sensor 101 for detecting bubbles in the venous blood in the venous line 100. An air filter or bubble trap filter 102 is connected to the venous line 100 downstream of the bubble sensor 101 and comprises an air chamber 103 for receiving air and diverting means 104 for diverting the air entering the filter 102 into the air chamber 103. A first pump 105, defining a first vacuum, draws the blood through the venous line 100 from the air filter 102 and supplies the blood to oxygenator 106 and to the patient via arterial line 107.

The bubble sensor 101 is arranged to activate a second pump 108, defining a second vacuum, for drawing air from the air chamber 103 of the air filter 102 via exhaust line 109. The second pump 108 is activated for a predetermined time, for example 5 seconds, when bubbles are detected in the venous blood, i.e. when the bubble sensor 101 generates a signal indicating the presence of bubbles in the venous blood. Due to the second vacuum, air diverted into the air chamber of air filter 102 is drawn from the air chamber 103 and preferably supplied to a cardiotomy reservoir 110 receiving also the blood from a suction device 111 via suction pump 112.

The filtered and defoamed blood from the cardiotomy reservoir 110 is supplied to venous line 100 through supply line 113 due to the first vacuum defined by first pump means 105.

In the above arrangement according to the invention conventional components can be used to assemble the improved

apparatus for extracorporeal oxygenation of a patient's blood described herein. Especially, a conventional air filter or bubble trap filter can be employed together with a bubble sensor for the controlling of the activation of a pump to actively draw air from the air filter or bubble trap filter in order to automatically remove the air.

An alternative embodiment of the apparatus according to the invention is schematically shown in FIG. 5 which largely corresponds to FIG. 4 so that the repeated description of corresponding aspects can be omitted by reference to the above description relating to FIG. 4. The apparatus shown in FIG. 5 further comprises a third pump 114, defining a third vacuum, arranged in the supply line 113 to actively draw blood from the cardiectomy reservoir 110 and supply the blood to venous line 100. The bubble sensor 101 is adapted to activate for a predetermined time also the third pump 114 when bubbles are detected in the venous blood, i.e. when the bubble sensor 101 generates a signal indicating the presence of bubbles in the venous blood. Due to the third vacuum, the supply of blood to the venous line 100 is assisted and not only caused by the first vacuum defined by the first pump 105.

In both embodiments of FIG. 4 and 5, a fourth vacuum is preferably applied to exhaust line 115 of the cardiectomy reservoir 110 for drawing air from the reservoir.

It is understood that the exemplary apparatus described herein and shown in FIG. 4 and 5 of the drawings represents only a presently preferred embodiment of the invention. Various modifications and additions may be made to such embodiment without departing from the spirit and scope of the invention. Other modifications and additions may be obvious to those skilled in the art and may be implemented to adapt the present invention for use in a variety of different applications.